

MULTIPLE DEPENDED CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
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TOTAL IND.	5					
TOTAL OEP.	19					
TOTAL	24					

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